

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation League of Conservation Voters, Inc.		3. FEC Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C90005786 </div>			
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1920 L St NW Suite 800					
(c) City, State and ZIP Code Washington DC 20036					
2.	Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<table style="width: 100%; border: none;"> <tr> <td style="width: 5%; border: none;">Individual filers only</td> <td style="border: none; width: 60%;">Name of Employer</td> <td style="border: none; width: 35%;">Occupation</td> </tr> </table>			Individual filers only	Name of Employer	Occupation
Individual filers only	Name of Employer	Occupation			

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 1 0

THROUGH

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 1 0

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

23373.65

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Patrick Collins

08/02/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

League of Conservation Voters, Inc.

Full Name (Last, First, Middle Initial) of Payee
KS Turnpike Authority

Date

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 1 0Mailing Address
9401 E Kellogg

Amount

1.65

City
WichitaState
KSZip Code
67207Purpose of Expenditure
TollsCategory/
Type

Office Sought:

☐ House

State: MO

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Robin CarnahanCalendar Year-To-Date Per Election
for Office Sought

56864.99

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Kinkos

Date

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 1 0Mailing Address
612 W 47th ST K

Amount

0.65

City
Kansas CityState
MOZip Code
64106Purpose of Expenditure
Internet AccessCategory/
Type

Office Sought:

☐ House

State: MO

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Robin CarnahanCalendar Year-To-Date Per Election
for Office Sought

56864.99

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Quiktrip

Date

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 0Mailing Address
4327 Main St

Amount

35.61

City
Kansas CityState
MOZip Code
64106Purpose of Expenditure
GasCategory/
Type

Office Sought:

☐ House

State: MO

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Robin CarnahanCalendar Year-To-Date Per Election
for Office Sought

57144.64

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

37.91

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

League of Conservation Voters, Inc.

Full Name (Last, First, Middle Initial) of Payee
Circle K

Date

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 0Mailing Address
6901 NW Barry Road

Amount

45.00

City

Kansas City

State

MO

Zip Code

64152

Purpose of Expenditure
GasCategory/
Type

Office Sought:

☐ House

State: MO

Senate

☒ Senate☐ President

District: _____

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Robin CarnahanCalendar Year-To-Date Per Election
for Office Sought

57144.64

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Office Max

Date

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 0Mailing Address
3732 Main St

Amount

123.00

City

Kansas City

State

MO

Zip Code

64111

Purpose of Expenditure
Office SuppliesCategory/
Type

Office Sought:

☐ House

State: MO

Senate

☒ Senate☐ President

District: _____

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Robin CarnahanCalendar Year-To-Date Per Election
for Office Sought

57144.64

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Best Buy

Date

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 0Mailing Address
509 W Barry Rd

Amount

76.04

City

Kansas City

State

KS

Zip Code

64155

Purpose of Expenditure
Equipment PurchaseCategory/
Type

Office Sought:

☐ House

State: MO

Senate

☒ Senate☐ President

District: _____

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Robin CarnahanCalendar Year-To-Date Per Election
for Office Sought

57144.64

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

244.04

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

League of Conservation Voters, Inc.

Full Name (Last, First, Middle Initial) of Payee
Big Lots

Date

M M / D D / Y Y Y Y
0 7 / 2 9 / 2 0 1 0Mailing Address
4201 Noland Rd

Amount

80.95

City

Kansas City

State

MO

Zip Code

64106

Purpose of Expenditure
Office SuppliesCategory/
Type

Office Sought:

☐ House

State: MO

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Robin CarnahanCalendar Year-To-Date Per Election
for Office Sought

57256.78

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Fed Ex

Date

M M / D D / Y Y Y Y
0 7 / 2 9 / 2 0 1 0Mailing Address
1111 Main St

Amount

31.19

City

Kansas City

State

MO

Zip Code

64106

Purpose of Expenditure
ShipmentCategory/
Type

Office Sought:

☐ House

State: MO

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Robin CarnahanCalendar Year-To-Date Per Election
for Office Sought

57256.78

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Deli Express

Date

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 0Mailing Address
201 W 6th St

Amount

46.99

City

Kansas City

State

MO

Zip Code

64106

Purpose of Expenditure
GasCategory/
Type

Office Sought:

☐ House

State: MO

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Robin CarnahanCalendar Year-To-Date Per Election
for Office Sought

57352.01

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

159.13

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 5 / 6

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

League of Conservation Voters, Inc.

Full Name (Last, First, Middle Initial) of Payee
Prairie Petroleum

Date

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 0

Mailing Address

6250 NW Barry Rd

Amount

48.24

City

Kansas City

State

MO

Zip Code

64154

Purpose of Expenditure

Gas

Category/
Type

Office Sought:

☐ House

State: MO

Senate

☒ Senate☐ President

District: _____

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Robin Carnahan

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

57352.01

Full Name (Last, First, Middle Initial) of Payee

Nick Morelock

Date

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 1 0

Mailing Address

7319 Silverheel

Amount

1750.00

City

Shawnee

State

KS

Zip Code

66227-2104

Purpose of Expenditure

Salary

Category/
Type

Office Sought:

☐ House

State: MO

Senate

☒ Senate☐ President

District: _____

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Robin Carnahan

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

80236.34

Full Name (Last, First, Middle Initial) of Payee

Minsky's

Date

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 1 0

Mailing Address

477 Main St

Amount

34.33

City

Kansas City

State

MO

Zip Code

64106

Purpose of Expenditure

Food/Beverage

Category/
Type

Office Sought:

☐ House

State: MO

Senate

☒ Senate☐ President

District: _____

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Robin Carnahan

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

80236.34

(a) SUBTOTAL of Itemized Independent Expenditures

1832.57

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

League of Conservation Voters, Inc.

Full Name (Last, First, Middle Initial) of Payee
Mustafa Qadri

Date

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 1 0Mailing Address
5724 N Antioch Dr

Amount

1500.00

City
Kansas CityState
MOZip Code
64119-2020Purpose of Expenditure
SalaryCategory/
Type

Office Sought:

☐ House

State: MO

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Robin CarnahanCalendar Year-To-Date Per Election
for Office Sought

80236.34

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
The Feldman Group

Date

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 1 0Mailing Address
508 8th St SE

Amount

19600.00

City
WashingtonState
DCZip Code
20003Purpose of Expenditure
PollCategory/
Type

Office Sought:

☐ House

State: MO

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Robin CarnahanCalendar Year-To-Date Per Election
for Office Sought

80236.34

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

21100.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

23373.65